

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212512557					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>SUPERIOR CARRIERS, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2012</b></p> <p>SCC ID NO: <b>00529909</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	3,000	
CLASS	AUTHORIZED						
COMMON	3,000						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> <p>ADDRESS: 711 JORIE BLVD STE 101N</p> <p>CITY/ST/ZIP: OAK BROOK, IL 60523</p> </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME:                      TIMOTHY M MCCANN            TITLE:                      VICE PRESIDENT            ADDRESS:                      711 JORIE BLVD                                                 STE 101N            CITY/ST/ZIP/CO:              OAK BROOK, IL 60523         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME:                      TIMOTHY M MCCANN TITLE:                      VICE PRESIDENT ADDRESS:                      711 JORIE BLVD STE 101N CITY/ST/ZIP/CO:              OAK BROOK, IL 60523	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	Gary W Watt	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	711 Jorie Blvd Suite 101 N		
CITY/ST/ZIP/CO:	Oak Brook, IL 60523		
NAME:	James E Blackmon	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	711 Jorie Blvd Suite 101 N		
CITY/ST/ZIP/CO:	Oak Brook, IL 60523		
NAME:	Lucy M Moss	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	711 Jorie Blvd Suite 101 N		
CITY/ST/ZIP/CO:	Oak Brook, IL 60523		
NAME:	Walter L Landergan, Jr	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	176 Federal St. 6th Floor		
CITY/ST/ZIP/CO:	Boston, MA 02110		
NAME:	Connie C Burgess	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3772 Steeplegate Dr		
CITY/ST/ZIP/CO:	Trinity, NC 27370		
NAME:	Gregory E Burns	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	373 Park Ave South 6th Floor		
CITY/ST/ZIP/CO:	New York, NY 10016		
NAME:	Joseph F Hamlet	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 Stargrass Retreat		
CITY/ST/ZIP/CO:	Savannah, GA 31411		
NAME:	William W Stone	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12941 West U.S. Highway 42		
CITY/ST/ZIP/CO:	Prospect, KY 40059		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TIMOTHY M MCCANN	TIMOTHY M MCCANN, VICE	4/5/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			